

See Instructions and *Privacy Statement on separate docushare document

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT		Page 1 of 5 Pages
Paul Feist				A		
POSITION		BARGAINING UNIT		DIVISION OR BUREAU		EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE
Undersecretary, Green Jobs		EXE				E-25
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS		TELEPHONE NUMBER
				801 K Street, Suite 2101		916-327-9064
CITY		STATE	ZIP CODE	CITY		STATE
		CA		Sacramento		CA
						95814

(11) PURPOSE OF TRIP:		(11A) Summary					(12) NORMAL WORK HOURS	
REMARKS AND DETAILS (Attach receipts/vouchers when required)		Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	0800-1700
2nd: Monthly RT Commute Pass		70000			000	100		(13) PRIVATE VEHICLE LICENSE
		70000			000	100		(14) MILEAGE RATE CLAIMED
		70000			000	100		\$0.500
			Total		Document Reference		Prepared By	AGENCY ACCOUNTING OFFICE USE ONLY
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.		PAID BY REVOLVING FUND CHECK NUMBER						

CLAIMANT	DATE 3/30/10	(18) SIGNATURE	DATE 3-30-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE